



Treasurer/Collector's Office
Telephone: 978-546-6648
Fax: 978-546-3236
P.O. Box 150
Rockport, MA 01966-0150

For Treasurer/Collector's Office use only:

Bill#: _____ Check#: _____

Amount: _____ Date Received: _____

Single Family: \$50.00

Multi-Family: \$100.00

Commercial, Industrial and Apartments: \$150.00

If unsure of the fee please feel free call us to check for you.

Please print this form and mail with your **check** and a **self-addressed, stamped envelope** to the above P.O. Box.

MUNICIPAL LIEN CERTIFICATE - REQUEST FORM

1. Assessor's Map Number: _____ Lot Number: _____

2. Assessed Owner(s): _____

3. Current Owner(s): _____

Deed Book: _____ Page: _____

4. This is a: _____ Sale _____ Refinance

5. Land Area: _____ square feet

6. Street Address of Property: _____

7. Additional Information: _____

8. Requested by: _____

Address: _____

7. Telephone Number and Contact Person: _____

(if we need additional information)

- Contact the Assessor's office (978-546-2011) to confirm map/lot and street address.
- Please advise the new owner to contact the Assessor's office regarding any change in mailing address for real estate tax bills.

rev: Oct. 2015